Task Force For Selecting New Children's Instruments

Synopsis of June 5, 2001 Meeting

A meeting of the Task Force for Selecting New Children's Performance Outcome Instruments was held on Tuesday, June 5, 2001, at the Sacramento Airport Host Hotel. The topics of discussion and the actions that were recommended are highlighted below.

- **Welcoming Remarks and Introductions** – Jim Higgins, Department of Mental Health (DMH), led introductions and reviewed the agenda. Representatives from the following counties were present: Astrid Beigel and David Zippin (Los Angeles County); Sue Farley (Sacramento County); Rudy Arrieta and Richard Sanguinetti (San Joaquin County); Brenda Kachel (Stanislaus County); Mike Parmley (Kern County); Jan Perez and Harry Leonard (San Mateo County); and Karen Brown (Sutter-Yuba County). Harold Baize represented the UCSF Child Services Research Group. Ann Arneill-Py represented the California Mental Health Planning Council. Sherrie Sala-Moore and Brenda Golladay represented the DMH Research and Performance Outcomes Development (RPOD).

- **Pilot County Report** – Participating counties present at the Task Force meeting presented an update of their current implementation status:

  Sacramento: The pilot study is continuing to progress. Time 2 information started to be collected about one month ago. Pilot study administrators will be meeting with clinicians to share summary data, as well as to clarify the administration procedures and answer any questions.

  Los Angeles: Los Angeles county implemented the pilot about one month ago and presented a handout to Task Force Members listing the comments and observations of those individuals involved in the pilot study. The comments were as follows:

  Instruments

  - Lack of simplicity – OHIO Scales – A 5 point scale is too fine and complicated for the target population clients to comprehend. *It is difficult for clinical staff to administer.*
  - Lack of clarity – Clinicians observed that clients tend to interpret the last category on the Likert Scale for the OHIO scales – "Does Not Apply" to represent the extreme point of the scale. This can be misleading. *It might be helpful to address this in the instructions, or even shade the column so that it is pronounced.*
  - Too much detail on parents' information on Client Information sheet. Too much information expected from parents on their history at intake. This does not work in the first few sessions of intake.
  - The Spanish version has several grammatical errors. *DMH requested that Los Angeles County document these errors.*
  - Some clinicians expressed that the OHIO Scales took less time.

Technical

- Faxing the TELE*forms* is problematic and error prone. It takes a long time and may not go through.
- No clear clues on what kind of forms won't get through to the State database. Bubbling, technical problems, or other.
- Verification of data sent and refaxing the ones which failed to get to the State system is a laborious process.
- Helpful to find out more on the technical support for problems with data transmission.

San Joaquin: San Joaquin county reported that the pilot study is going smooth and continues to generate positive support. Many clinicians seem to be expressing the opinion that they are anxious to change to the Ohio Scales altogether since the instruments are easier to complete and have inquired as to when a decision might be made by DMH. Pilot study administrators are meeting monthly with the clinicians to communicate the progress of the pilot study.

Stanislaus: Clinicians are eager to change because they love the new instrument package. There has not been a problem with the "Does Not Apply" response option because it was built into the instructions. Stanislaus would like to help DMH in developing reports for future Information Technology applications. DMH reminded Task Force members about the Technology Workgroup that is currently developing data systems (e.g., ECHO, Internet-based data entry, etc.).

Kern: Kern county stated that the pilot study continues to run smoothly and that they are getting close to the Time 2 administrations.

Sutter/Yuba: Some respondents are agonizing over the 5-point scale problems (as mentioned earlier in the Los Angeles county report), but clinicians feel that it makes the clients think about the question. Also, it has been difficult for clinical staff to fix the forms for faxing to the TELE*form* system. It would be nice if there were a fast response from the TELE*form* that could identify any problems (e.g., fax back confirmation forms). Another request made by clinicians was to have normative data to which the clinical population can be compared. DMH mentioned an intention to do a normative study in the future, perhaps by consulting with a research consultant to develop the methodology. Finally, it was questioned whether or not errors in the raw data file should be corrected. DMH asserted that errors should be corrected, if possible, but that the errors should be documented.

Counties were reminded that they should contact Sherrie Sala-Moore if they would like to receive their data in either an SPSS or Access format.

- **Follow-Up On Any Data Issues –** Brenda Golladay reminded pilot study counties that requests for Time 1 and Time 2 packets should be directed to RPOD student assistant, Tony Hernandez. Tony can be reached either by phone at (916) 653-5325 or by e-mail at THernand@dmhhq.state.ca.us. An announcement was also made that the Time Survey is now being included in both the Time 1 and Time 2 packets and that these surveys, copied on white paper, are to be completed by the clinician. Finally, the Time 2 packets now contain the Youth Services Survey for Families (YSS-F) and the

Youth Services Survey for Youth (YSS). The Youth Services Survey (YSS) is an optional instrument that was included in the Time 2 packet in response to interest expressed by the pilot counties. Astrid Beigel noted that the YSS group recently met and made changes to some of the items on the YSS and YSS-F, so DMH should contact Molly Brunk to obtain a revised copy of the instrument.

- **Pre-Pilot Survey Results (from surveys conducted at pilot training at county sites) –** After reviewing a Power Point Presentation on the pilot study data, Task Force members felt that some thought needs to be put into addressing the individuals who are satisfied with the current system. There needs to be an opportunity for non-pilot counties to voice their opinion. It would be helpful to phrase the question of system change not at the individual level, but in the framework of specifics relating to the aggregate level (e.g., "Does it help county programs to get more money?"). Also, clinicians should be reminded or made aware of the clinical utilities of the Ohio Scales. Clarification must be made that, should the Ohio Scales be adopted, the entire system would change and that there would be no flexibility on the instruments to be used. It was suggested that future analyses of the Pilot Survey data be broken down by the respondent type. DMH will begin developing the Post-Pilot Survey.

- **Clarification on Scoring the Ohio Scales –** The following is an overview of the methodology used for scoring the Ohio Scales:

  Functional Items (computed by adding items #1-20):

  <u>*Note*</u>: Do not compute the Functional Scale score when there are 5 or more missing individual scores on Items #1-20. Code the *MISSING VALUES* and "*Does Not Apply*" as "3" (to make more neutral).

  <u>Scoring:</u>

  - Doing Very Well = "4"
  - OK = "3"
  - Some Troubles = "2"
  - Quite a Few Troubles = "1"
  - Extreme Troubles = "0"
  - Does Not Apply = "3" (to make neutral)

  <u>Interpretation</u> (Possible Total = 80):

  - >55 = Higher Functioning Level
  - 45-55 = Moderate Functioning Level
  - 35-44 = Low Functioning Level
  - <35 = Impaired Functioning Level

Problem Items (computed by adding items #21-40):

Note: Do not compute the Problem Severity Scale score when there are 5 or more missing individual scores on Items #21-40. Code the *MISSING VALUES* as "0" (to make more neutral).

Scoring:

- Not at All = "0"
- Once or Twice = "1"
- Several Times = "2"
- Often = "3"
- Most of the Time = "4"
- All of the Time = "5"

Interpretation (Possible Total = 100):

- <20 = Minimal Level of Severity
- 20-30 = Mild Level of Severity
- 31-50 = Moderate Level of Severity
- >50 = Severe Level of Severity

After reviewing the scoring algorithm for the Ohio Scales, Task Force members expressed significant concern over the "Does Not Apply" response category on the Functioning Scale since it is being scored as a "3", which is the score for "OK". Because "Does Not Apply" and "OK" have two different semantic meanings, this scoring procedure does not make sense. DMH will analyze the data to see how much of an impact this procedure has on the data in calculating the level of functioning. Task Force members recommended that the "Does Not Apply" category be eliminated once the pilot study is terminated since it was added to address only three of the questions that were problematic due to culture and age issues.

- **Review Pilot Data Information by Time Frame Groupings** – A presentation was made by DMH that reviewed the pilot study data as of 5/8/2001. Task Force members made the following comments:
  - Future analyses should look at matched data.
  - There are few differences that can be distinguished between timeframes in the Ohio Scales. The CAFAS appears to be more sensitive, but this may be attributed to the fact that the CAFAS is scored by identifying extreme behaviors.
  - It appears to be harder to "fudge" improvement on the Ohio Scales compared to the CAFAS.
  - Future analyses should look at severe impairment clients side by side (comparing the range, standard deviation, etc.).
  - There may be some policy implications for the "Left Service Area" clients since they seemed to have the highest level of impairment. It is important to note that the number of clients for this analysis was low, therefore this analysis should be carefully examined in the future.
  - DMH welcomes county analytical staff to do their own data analysis of the pilot study data, stripped of any identifiers. For those interested, please contact Sherrie Sala-Moore.

- **Factor Analysis Results –** Harold Baize of the UCSF Child Services Research Group presented a factor analysis of the pilot study data collected on the Ohio Scales. The following are highlights of the results:
    - In the initial development phase, Ben Ogles, instrument author, created a survey with multiple informants (agency worker, parent and youth) and multiple content domain (problem severity and functioning). The first version of the instrument was a long form containing 44 items for each scale. After conducting a factor analysis, the number of items was shortened to 20 and two additional items were added: 1) drugs and 2) rules/law breaking. A factor analysis was not conducted on the revised and shortened form.
    - Once Harold Baize conducted the follow-up factor analysis on the revised and shortened form, three factors were yielded on the Problem Scale: 1) externalizing, 2) internalizing and 3) delinquency (drugs). The agency worker analysis of a smaller data set also yielded an additional factor of suicide/self-harm, but this result was not evident in the data analysis conducted on the larger data set. Risk for suicide appears to be reported at intake, but is not reported as much in later administrations. This may be due to the implications that such risk might have for obtaining specific services for the client. In relation to the CAFAS, there was substantial convergent validity, as well as cross informant construct validation.
    - The Functioning Scale yielded the following four factors: 1) responsibility, 2) diligence/industry, 3) sociability and 4) hygiene. In relation to the CAFAS, although there was weak support for construct validity of the factors, there was some cross informant construct validation. These results are inconclusive and require further analysis. It is not recommended that the subscales be used at this time.
    - Some problems became apparent during the analysis. First of all, there are issues with the response options on the Functioning Scale because there are 2 options for "strengths" and 3 options for "deficits", evidencing a bias in the scale construction. Secondly, although the midpoint of the scale is "Some Troubles", scored with a "2" (a response that Harold Baize finds to be the most honest midpoint), the "Does Not Apply" category is scored as a "3", thereby setting the scale off-balance. As mentioned previously, the "Does Not Apply" category will be removed once the pilot study is completed. Third, some of the actual items are misleading to the respondent and may not reflect accurate responses. For example, item #32, "hurting self" gives the example of "taking pills". This may be misleading because taking pills might be a requirement for their health, and therefore not a bad thing to do. Also, some of the items that appear on the delinquency factor might be a result of the items being structured in a way that affects the analysis (i.e., if you answer positively to using drugs/alcohol, then you must answer positively to breaking the rules/law).
    - It is important to note that the content of the Ohio Scales is different than the content on the CAFAS, so comparable analysis might not be sensible. Task Force members requested an analysis that compares the Ohio Scales "Externalizing" and "Internalizing" factors to those on the CBCL/YSR.

- **Miscellaneous Announcements**
  - DMH is currently working with the University of California, Davis, National Research Center on Asian American Mental Health to set up a contract to have the Ohio Scales evaluated, and perhaps even translated, by focus groups for the top five threshold Asian languages: Cambodian, Chinese, Korean, Tagalog and Vietnamese. Richard Sanguinetti of San Joaquin County volunteered to have the clinic he manages participate in the pilot of the translated instruments since it specializes in serving clients of Asian decent.

- **Topics To Be Discussed at the Next Children's Task Force Meeting**
  - ✓ Report on Pilot County progress
  - ✓ Follow up on any data issues
  - ✓ Review summary pilot data

- **Next Meeting - Sacramento Airport Host Hotel, American Room**

  August 7, 2001

  10:00 AM – 3:00 PM